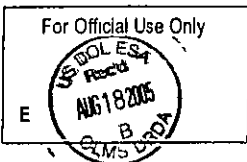


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257, as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - <u>9755</u>	2 Fiscal Year Covered From <u>1</u> / <u>1</u> / <u>2004</u> Through <u>12</u> / <u>31</u> / <u>2004</u>
3 Name and address of person filing Name <u>PAUL</u> <u>B</u> <u>MCCARLEY</u> P O Box, Bldg, Room No, if any <u>P.O. Box 462</u> Street <u>5122 GREEN ARBOR DR.</u> City <u>GENESEE</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>48437</u>	4 Name, file number, and address of labor organization Name <u>SHEET METAL WORKER LOCAL 7</u> Labor Organization File Number <u>516-902</u> P O Box, Building and Room Number, if any Street <u>901 S. HOLMES ST</u> City <u>LANSING</u> State <u>MICHIGAN</u> ZIP Code + 4 <u>48912</u>
5 Position in labor organization <u>PRESIDENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box, Bldg, Room No, if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Paul B McCarley

On

8-11-05

Date

810 640 1043

Telephone Number

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name FLINT AREA SHEET METAL WORKERS BENEFIT FUNDS PENSION / HEALTH + WELFARE

Trade Name, if any _____

P O Box, Bldg, Room No, if any SUITE 700

Street 2075 WEST BIR BEAVER RD

City TROY

State MICHIGAN ZIP Code + 4 48084-3446

9 Business deals with

☐ a Labor Organization

☒ b Trust

☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name FLINT AREA SHEET METAL WORKERS BENEFIT FUND PENSION / HEALTH + WELFARE

Trade Name, if any _____

P O Box, Bldg, Room No, if any SUITE 700

Street 2075 WEST BIR BEAVER RD

City TROY

State MICHIGAN ZIP Code + 4 48084-3446

11 a Nature of such dealing

TRUSTEE OF THE PLANS

11 b Approximate dollar value of such dealing _____

12 a Nature of interest held or income received

AS TRUSTEE OF THE PENSION AND HEALTH AND WELFARE FUNDS REIMBURSEMENT OF LOST TIME WAGES

12 b Amount \$336.64

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name _____

Trade Name if any _____

P O Box, Bldg, Room No if any _____

Street _____

City _____

State _____ ZIP Code + 4 _____

14 a Nature of payment

13 b Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment _____



DISCLAIMER

The transactions, dealings and interest that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2004 to December 31, 2004. Accurate records of reportable occurrences were not kept for the 2004 fiscal year, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2004 to December 31, 2004, I will immediately file an amended LM-30 Report.

Paul B. McAuley
Signature

8-11-05
Date